

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023458

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 23

VS 300
Rev. 4/59

DATE AMENDED

1 0130

2 0130

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12 90-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 17 1963	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polo</u> Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>—</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
c. CITY OR TOWN <u>Polo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Stephen Bennett</u>	
4. DATE OF DEATH Month Day Year <u>June 4 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-17-1889</u>
9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cleveland Ohio</u>
11. BIRTHPLACE (City and state or country) <u>Cleveland Ohio</u>	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>Michael Bennett</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Seibert</u>
14. NAME OF HUSBAND OR WIFE <u>Mrs Rosie Bennett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of service) <u>yes 1st world war</u>	16. SOCIAL SECURITY NO.
17. INFORMANT <u>Mrs Rosie Bennett Polo Mo</u>	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease</u>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Sept. 1962</u> to <u>death</u> and last saw <u>him</u> alive on <u>5-27-63</u> Death occurred at <u>7:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>J.A. Crozier, MD</u>	22b. ADDRESS <u>Richmond Mo.</u>
22c. DATE SIGNED <u>6-6-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-6-1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Masonic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Caldwell Springs Mo</u>
24. FUNERAL DIRECTOR <u>Alpaugh & Cowley</u>	25. DATE RECD. BY LOCAL REG. <u>June 12-63</u>
26. REGISTRAR'S SIGNATURE <u>Glady's Jones</u>	

USE BLACK INK OR TYPEWRITER RIBBON

2025-10-11

JUN 1 1961

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STATEMENT BY LICENSED EMBALMER

2009

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Gwin L. Mowbray*

Licensed Embalmer No. 4924
P. O. Address Polk, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.